

GRANTS-IN-AID FOR CLINICS PROGRAM

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Important Dates

RFA released by PRHCSB: September 29, 2005

RFA questions due to PRHCSB: October 12, 2005

Questions submitted by applicants and PRHCSB's responses will be posted on the GIA website at <http://www.dhs.ca.gov/gia> on October 21, 2005.

Application due: November 4, 2005

Grant period begins: January 1, 2006

Grant period ends: June 30, 2006

* These dates are tentative. They are subject to revision

GRANTS-IN-AID FOR CLINICS PROGRAM (GIA) REQUEST FOR APPLICATION (RFA)

Introduction	<p>The Department of Health Services (DHS), Primary and Rural Health Care Systems Branch (PRHCSB), announces the availability of funds for the Grants-in-Aid for Clinics (GIA) Program. The GIA provides stabilization and technical assistance funding for licensed clinics, clinics exempt from licensure, and any association of clinics that is comprised of not less than three such clinics having a combined service area covering an entire county or more.</p> <p>The RFA application consists of this document and the RFA checklist.</p>
Legislative Authority	<p>The GIA is authorized by Health and Safety (H&S) Code, Sections 124875 - 124890, and California Code of Regulations, title 22 ("22 CCR"), sections 40501 - 40551. Funding for the GIA comes in part, by Title V of the Social Security Act, 42 U.S.C. Sections 701 through 709.</p>
Program Purpose	<p>Pursuant to Health and Safety (H&S) Code, Section 124875-124880, the purpose of the GIA is to assist in stabilizing the health care operations of community clinics, Indian clinics, and free clinics that provide a wide range of primary health care services.</p> <p>Grants authorized pursuant to this article shall be limited in purpose to defraying operating expenses of the recipient clinic, including personnel costs, and costs for technical assistance provided to the recipient such as consultant fees. GIA funds may not be used to supplant existing programs.</p>
Grant Categories and Requirements	<p>GIA funds can be used to maintain critical clinic services and cannot be used to support expansion of services. Applicants must have recently experienced or will experience a reduction in the number of key clinical and/or support personnel, or have experienced a recent loss of grants or other funds that reduced the clinic's range of primary care services, critical operations or operational hours.</p> <p>Each applicant may request GIA funding for stabilization or technical assistance or both.</p>
Funding Availability	<p>A total of \$645,000 is available for fiscal year (FY) 2005-2006. Each Grant funded under the GIA is limited to a maximum of \$60,000, including grants to nonprofit corporations comprised of more than one clinic.</p>

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Program Eligibility Requirements	<p>To be eligible for GIA funds, an applicant must meet <u>one</u> of the two following sets of requirements (A or B):</p> <p>A. A community, free, or Indian health clinic must meet all of the following criteria:</p> <ol style="list-style-type: none"> 1. Provided primary health care services prior to or on January 1, 1980. (22 CCR 40525 (a)(1). If exempt from licensure, a clinic must show proof that primary health services were being provided prior to or on January 1, 1980. 2. Licensed (currently) by the DHS, pursuant to H&S Code, Section 1204 (a)(1)(A) or (B), or exempt from licensure pursuant to H&S Code, Section 1206 (c). 3. Has not lost public funds or eligibility for public funds due to failure to meet the terms of a contract or grant agreement. (22 CCR 40525(a)(5). <p>B. Alternatively, the applicant must be an incorporated association of community, free, or Indian health clinics and must meet the criteria of paragraph A above for each clinic; and the incorporated association must meet the criterion of A (3) above.</p>
Association of Clinics	<p>An association of clinics “means a nonprofit corporation comprised of three or more clinics that are eligible for funding and have a combined service area covering at least an entire county. A majority of members of the nonprofit corporation governing board shall be composed of clinic representatives which would be otherwise eligible for funding.” (22 CCR 40507). “Clinic Representatives” is defined by the GIA Program as individuals legally authorized by the clinics eligible for funding to represent the clinic.</p>
Proof of Eligibility	<p>Applicants are required to submit the following documentation of eligibility for each clinic site for which an application is being made:</p> <ol style="list-style-type: none"> A. *Copy of the current clinic license or proof of exemption from licensure. B. Unless exempt, evidence of licensure prior to or on January 1, 1980, such as copies of official documents or licenses C. Verification of provision of services prior to or on January 1, 1980. DHS has the discretion to determine if verification of services is sufficient. Acceptable evidence includes but is not limited to: <ul style="list-style-type: none"> • Copy of malpractice insurance coverage or binder for the period beginning prior to or on January 1, 1980 • Copy of a health insurance carrier or a public health insurance program payment statement demonstrating that the clinic was providing services provided on prior to or on January 1, 1980 • Copy of a newspaper article or other publication demonstrating that the clinic was providing services prior to or on January 1, 1980

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	<ul style="list-style-type: none"> • Copy of a patient billing statement for medical, laboratory, radiological or other patient services demonstrating that the clinic was providing services prior to or on January 1, 1980 <p>D. Copy of the articles of incorporation, if the applicant is an association of clinics.</p> <p>*The California Office of Statewide Health Planning and Development (OSHPD) established the Automated Licensing Information and Report Tracking System (ALIRTS). The ALIRTS is healthcare information database that provides on-line health facility historical licensing information. You can access and download this information by going to www.oshpd.cahwnet.gov/hid, and submit a copy of the licensure information with your GIA application in lieu of a copy of the original license.</p>
Match Requirement	<p>As a condition of receiving GIA funds, each applicant must match not less than 20 percent or more than 40 percent of the grant award either with dollars, in-kind contributions, or a combination of both from nongovernmental sources. If the applicant is unable to provide the required match, it must submit a request to waive the match requirement and substantiate the reason(s) for the request. The request must be on agency letterhead signed by the executive director, the board chairperson or the designated Board of Directors' representative. H&S Code, Section 124880(b).</p>
Written Questions About the RFA	<p>Applicants must fax or e-mail questions about the RFA by 5:00 PM on October 12, 2005. These questions should be concise and refer to the section of the RFA being addressed. Send RFA questions to:</p> <p style="text-align: center;">Corinne Chavez, Chief California Department of Health Services Grants-in-Aid for Clinics Program Fax number (916) 449-5777 cchavez1@dhs.ca.gov</p> <p>Responses to written questions will be posted by October 21, 2005, on the Department of Health Services, GIA website at http://www.dhs.ca.gov/gia.</p>

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Application Submission	<p>Regardless of postmark or method of delivery, PRHCSB must receive an original application package and two copies on or before 5:00 PM, November 4, 2005. The package can be delivered or mailed. Faxed and electronically mailed documents will not be accepted. Please allow sufficient time for mailing.</p> <p>Applications must be completed according to the RFA instructions which follow. Incomplete or late applications may not be accepted. DHS reserves the right to reject any or all applications, issue a new RFA, as well as to make the final selection of applicants for funding. Completed applications should be:</p> <p><u>Mailed to:</u></p> <p>Corinne Chavez, Chief California Department of Health Services Grants-in-Aid for Clinics Program MS 8500 PO Box 997413 Sacramento, CA 95899-7413</p> <p><u>Delivered or Overnight to:</u></p> <p>Corinne Chavez, Chief California Department of Health Services Grants-in-Aid for Clinics Program MS 8500 1615 Capitol Avenue, Suite 73.460 Sacramento, CA 95814-7413</p>
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<p>General Instructions</p>	<p>All forms and applicant information can be downloaded from the internet at: http://www.dhs.ca.gov/gia. Applicants must submit one signed original and two copies of the signed application package. The original must be clearly marked "ORIGINAL" on the front page. All documents must be typed using a 12-point Arial font. Signatures on the original copy must be in <u>blue</u> ink. The original and copies must be stapled or bound by a binder clip on the upper left hand corner. An application submitted unsigned or without the required forms may be rejected without review.</p> <p>Please see the Application Checklist (Attachment A) for the required documents and their sequence in the application.</p> <p>A completed RFA application package must include the following:</p> <ul style="list-style-type: none"> A. Detailed table of contents; B. Pages consecutively numbered at the bottom of each page throughout the entire application, including required forms, exhibits, charts and attachments; and, C. All required information in the correct sequence.
<p>Program Narrative</p>	<p>Each applicant may request GIA funding for stabilization or technical assistance or both. The total Program Narrative is limited to three (3) single-spaced typed pages. Applicants requesting funding for both purposes may use (5) pages. Address in detail the items below in the order listed.</p> <p>Each applicant must provide the following:</p> <ul style="list-style-type: none"> 1. <u>Clinic/Association Description</u>: Describe the clinic or association and how the eligibility criteria are met. Include the date the clinic or association became operational. 2. <u>Services</u>: Describe the clinic services provided, hours of operation, and the number of annual patient encounters. 3. <u>Target Population</u>: Describe the underserved target areas(s) by geographic location (including county, city, and approximate square miles); the target population(s) served; and any barriers the target populations(s) experience in obtaining health care services (e.g., culture, language, education, poverty, unemployment, transportation). <p>Each applicant for Stabilization funds must provide the following additional information in 4 and 5:</p> <ul style="list-style-type: none"> 4. <u>Funding Need</u>: Describe any recent loss of funding or other factors that have or will impact the clinic's ability to maintain the same level and quality of primary health care services to the target population, the actual or potential impact of reductions in clinical and support personnel, hours of operation, or range of services, and the short and long term

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impact of reductions on the target population(s). Describe the funding needed to maintain the level of services and operations, and how the GIA funds will be used.

Examples of stabilization assistance include:

- Salaries and wages for clinical staff, such as physicians, dentists and nurses that provide direct services to patients
- Salaries and wages for support staff such as medical assistants, billing staff, and clinic receptionists
- Clinical supplies.

5. Future Financial Stability: Describe the clinic's plan for improving its long-term prospects for financial stability and phasing out the necessity for GIA funds.

Each applicant for Technical Assistance funds must provide the following additional information in 6 and 7:

6. Funding Need: Describe recent losses of funding or other factors that have or will impact the clinic's ability to maintain critical operations, and the actual or potential impact of funding reductions to the target population(s). Describe the funding needed to maintain the level of services and operations, how the GIA funds will be used, and how they will support critical services and operations.

Examples of technical assistance include:

- Computer hardware, software, and associated training costs
- Consultant fees (e.g., to assess, implement and/or update CPT/ICD coding systems, Health Insurance Portability and Accountability Act (HIPAA) requirements, patient services tracking systems)
- Staff training critical to clinic operations, such as staff development and training specific to medical providers or other necessary staff.

7. Future Financial Stability: Describe the clinic's plan for improving its long-term prospects for financial stability and phasing out the necessity for GIA funds.

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<p>Scope of Work (SOW) Requirements</p>	<p>Each applicant must submit a completed SOW form (Attachment D) using the samples provided in Exhibits 3 and 4 as guidelines. The SOW is the applicant's statement of goals and specific objectives to be accomplished with the program funds. The SOW must be consistent with, and justify, the budget outlined in the Budget Detail Worksheet (BDW). A SOW form must be submitted for each clinic site.</p> <p>Each of the following must be included in the SOW:</p> <p>A. Goals General statement of the overall purpose of the proposed work.</p> <p>B. Objectives Describe the following in measurable and quantifiable terms:</p> <ul style="list-style-type: none"> • What will be accomplished; • Quantity expected to be accomplished; • Who will accomplish the objective, e.g., type of consultant or practitioner. <p>C. Activities Identify the specific activities or steps that will be taken to accomplish the objectives (e.g., contact the targeted population, contact health care personnel, set-up appointments, and follow-up).</p> <p>D. Timelines Identify the specific timeline for each activity. Timelines may be actual dates (MM/DD/YY), a range of dates (MM/DD/YY through MM/DD/YY), or ongoing intervals, such as monthly or quarterly with a final date of 6/30/06.</p> <p>E. Responsible Parties and Activities Standards Identify the party or parties responsible for each task and activity and the Full Time Equivalent (FTE) necessary. For example, "Nurse Practitioner, .5 FTE." The following provider productivity FTE standards must be used:</p> <p>1.0 FTE = 2080 hours per year:</p> <ul style="list-style-type: none"> • Physician – 4,200 patient encounters per year. • Dentist – 1,800 patient encounters per year. • Mid-level practitioner (i.e., physician's assistant, nurse practitioner, or Certified Nurse Midwife) – 2,100 patient encounters per year. • Registered nurse, licensed vocational nurse, dental hygienists, dental assistants, and allied health support staff—no productivity standards are required. <p>F. Performance Measures and/or Deliverables: Include a plan to measure the expected outcome as a result of the project funding and the criteria to be used to determine the project's success. The plan must also include the type and quantity of specific work product expected.</p>
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**Budget
Detail
Worksheet
(BDW)**

Each applicant must submit a completed Budget Detail Worksheet (BDW) (Attachment E) for each clinic site. The BDW is the applicant's proposed distribution of allocated funds. Allowable budget line items are: personnel, operational expenses, and other costs. **A separate BDW is required for each clinic site.** All of the following information must be completed on the BDW:

A. Personnel

Personnel funded under this line item are limited to:

- General Practitioner (physician)
- Family Practitioner
- Internist
- Pediatrician
- Primary care mid-level provider (Nurse Practitioner; Physician's Assistant; Certified Nurse Midwife)
- Dentist
- Dental hygienist, or
- Allied health professional and support staff in an outpatient setting.

The Personnel Line Item consists of two components: Salaries & Wages and Fringe Benefits.

1. Salaries & Wages

Salaries and wages must be itemized by classification. For each classification, complete the following columns on the BDW:

- (a) Classification/job title
- (b) Full-time equivalent (FTE)
- (c) Full-time annual salary per classification/job title
- (d) Amount to be paid by this grant

2. Fringe Benefits

Fringe benefits may be budgeted for each classification (funded under the *Salaries & Wages* component) and cannot exceed 32 percent of the total *Salaries & Wages*. Fringe benefits paid under this grant must be consistent with the corporation's administrative policies regarding fringe benefits. The fringe benefits component may include:

- (a) Medical benefits
- (b) Workers' compensation
- (c) Unemployment insurance
- (d) Disability insurance

List Fringe benefits on the BDW.

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Excluded Items	<p>B. Operating Expenses Operating Expenses funded under this line item are limited to the following:</p> <ol style="list-style-type: none"> 1. Travel and per diem, only to the extent consistent with state travel guidelines as described in Chapter 700 of the State Administrative Manual at http://sams.dgs.ca.gov 2. Clinic supplies 3. Communication 4. Printing/duplication 5. Staff training 6. Other specifically identified operating expenses not listed above. DHS has the discretion to disapprove an expense item. <p>List Operating Expenses on the BDW.</p> <p>C. Other Costs The following Other Costs Line Item are permissible:</p> <ol style="list-style-type: none"> 1. Special projects 2. Subcontracts 3. Contracted personnel services, such as on-call physicians, nurses, or bookkeeping services. <p>List Other Cost on the BDW.</p> <p>GIA funds cannot be used for any of the purposes listed below (42 USCA Section 704(b); 45 CFR 93.100(a); H&S Code, Section 124880(b):</p> <ul style="list-style-type: none"> • Purchase or improvement of real property • Purchase, construction or renovation of buildings • Purchase of major medical equipment • Political lobbying • Political fund raising • Interest expenses • Salary for time spent writing grants, or • Bonuses or commissions.
Budget Justification	<p>Budget Justification (Attachment F) requires the applicant to provide a brief supporting narrative for each line item and a justification of the appropriateness and necessity of the cost to achieve the project goals and objectives.</p>
Match Requirement	<p>As a condition of receiving GIA funds, each applicant must match not less than 20 percent or more than 40 percent of the grant award either with dollars, in-kind</p>

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	<p>contributions, or a combination of both from nongovernmental sources. If the applicant is unable to provide the required match, it must submit a request to waive the match requirement and substantiate the reason(s) for the request. The request must be on agency letterhead signed by the executive director, the board chairperson or the designated Board of Directors' representative (H&S Code, Section 124880(b)).</p> <p>Examples of cash or in-kind contributions that may be used to meet the match requirement include :</p> <ul style="list-style-type: none"> • Volunteers whose contribution is calculated at a rate based upon each individual's knowledge and skills provided • Staff paid by non-governmental sources • Privately donated equipment and furniture • Donated funds or clinical supplies from private sources, such as foundations • Public service announcements (PSA) contributed by broadcast agencies.
<p>Sources of Funding</p>	<p>Sources of Funding (Attachment H) requires the applicant to list all funding sources received by the corporation. All federal, state, local grants, contracts, and agreements for health services, as well as private sources of funding, must be included.</p>
<p>Submission Requirements</p>	<p>A complete application must include the following documents in the following order:</p> <ol style="list-style-type: none"> 1. Application Checklist (Attachment A) 2. Application Cover Page (Attachment B) 3. Authorization to Bind Corporation (Attachment C) 4. Program Narrative 5. Scope of Work (Attachment D) 6. Budget Detail Worksheet (Attachment E) 7. Budget Justification (Attachment F) 8. Match Documentation (Attachment G) 9. Sources of Funding (Attachment H) 10. Payee Data Record (Attachment I) 11. Copy of current clinic license or documentation of exemption 12. Evidence of licensure prior to or on January 1, 1980 (copies of official document or license) or documentation of exemption 13. Verification of provision of services prior to or on January 1, 1980 14. Copy of Articles of Incorporation, if the applicant is an association 15. Completed Board of Directors Form (Attachment M) 16. Copy of the clinic's current certificate of malpractice insurance 17. Copy of the clinic's/association's current organizational chart.

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Application Evaluation, and Scoring	<p>A copy of the Evaluation Scoring Tool that PRHCSB will use to evaluate each application is included in this RFA (Exhibit 2). Each reviewed application will be scored and weighted based upon the following 100 point scale:</p> <ul style="list-style-type: none"> • Program Narrative (maximum weighted score of 20). • Stabilization Narrative - Needs Statement (maximum weighted score of 20), or • Technical Assistance Narrative – Needs Statement (maximum weighted score of 20). • Scope of Work (maximum weighted score of 25). • Budget Justification, Budget Detail Worksheet Requirements, and Match Documentation (maximum weighted score of 15). <p>The minimum application passing score is 65. However, a passing score does not ensure GIA funding.</p>
Award Process	<p>PRHCSB reviews the distribution of the successful applicants throughout the state once the pool of applicants with passing scores has been established. The goal is to achieve equitable and balanced statewide distribution among medically underserved areas.</p>
Grant Negotiation	<p>The State reserves the right to negotiate the details of the budget and the SOW after an award is made.</p> <p>Grant negotiations will occur following distribution of award letters. PRHCSB reserves the right to negotiate the BDW and SOW, and to withdraw a grant award if the parties cannot mutually agree on the BDW and SOW.</p>
Appeal Process	<p>An applicant denied funding may appeal the DHS decision. Please see Exhibit 1 for a description of the appeal process.</p>
Reporting Requirements	<p>The grant agreement will require each grantee to submit two reports describing compliance with the SOW:</p> <ul style="list-style-type: none"> • One progress report, which is due 30 days after the end of the first quarter of the grant period. (Attachment K)

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	<ul style="list-style-type: none"> • An annual summary that is due 30 calendar days after the close of the fiscal year. (Attachment L). <p>PRHCSB will utilize the information contained in the reports to evaluate a grantee's compliance. Failure to submit these reports constitutes a default of the grant agreement. If a default occurs, DHS may terminate the agreement and demand reimbursement of the GIA program funds.</p>
Payment Schedule	<p>Successful applicants will receive payment according to the following schedule (H&S Code, Section 124525):</p> <ol style="list-style-type: none"> 1. A grantee may request in writing one advance payment not to exceed 25 percent of the total grant award upon issuance of the Notice of Award. The grantee shall repay the full amount of the advance if the grant is not finally approved. 2. A grantee may invoice once every two months for expenses incurred. Ten percent of each invoice will be withheld until all reports are submitted and approved by DHS.
Grantee Capabilities	<p>The grantee must have the administrative ability to manage state funds and the technical expertise to successfully coordinate and implement proposed project activities. The grantee must be able to perform the following administrative functions in order to be in compliance with the terms of the DHS grant agreement:</p> <p>A. Maintenance of Records</p> <p>Maintain accurate records pertaining to program implementation documenting the number of people served, materials developed, and activities conducted. Private health information of patients receiving services must be kept confidential according to national and state privacy laws, HIPAA and the Information Practices Act, respectively.</p> <p>B. Staff Training</p> <p>Provide community clinic staff with the appropriate training and experience to fulfill the SOW objectives, and if needed, provide fiscal and administrative staff with training to meet payroll and accounting procedure standards.</p> <p>C. Patient Rights</p> <p>Provide services in a manner that respects the beliefs, privacy, and dignity of the patient, and the right of a patient to accept or reject services.</p> <p>D. Grant Monitoring</p> <p>Make appropriate personnel and documentation available to State staff for grant monitoring, on-site program evaluations, and fiscal audits.</p>